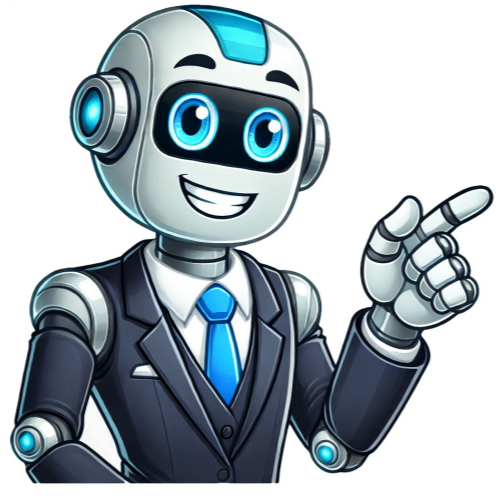


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Extractions At the end of this chapter you should have an understanding of: 1. Why dental extractions are carried out. 2. The pre- and post-operative instructions provided to patients. 3. Straightforward extraction procedures. 4. The forces used during straightforward extractions. 5. The complications that can occur during and after the removal of teeth. 6. Surgical removal of impacted teeth procedures. 7. The role of the dental nurse during extractions. Exodontia, commonly known as a dental extraction, is where a tooth or its roots are removed from its socket within the alveolar ridge. The tooth being removed could be a deciduous or a permanent tooth. Most dental practices undertake the removal of straightforward extractions on a daily basis using a local anaesthetic to provide pain-free treatment. Some patients will not tolerate a tooth being removed with a local anaesthetic only. In this instance the clinician will either refer the patient to another specialist dental surgery or local hospital where the patient can receive either a form of conscious sedation or a general anaesthetic. Naturally, if the dental surgery provides conscious sedation in house the patient may be treated within. Patients have teeth extracted for various reasons: • Pain: to relieve the patient of pain. • Alveolar abscess: to remove the infection to prevent a recurrence. • Caries: the tooth is un-restorable. • Impaction: the patient has experienced several episodes of pericoronitis (infection) attributed to food packing in this area due to a partially erupted or impacted tooth. • Failed root canal therapy: several attempts have been undertaken to root fill the tooth but have failed. • Orthodontics: to allow the remaining teeth to be aligned or retracted. • Orthognathic: the wisdom teeth are removed prior to the pre-surgical orthodontic stage. • Periodontal disease: the tooth/teeth have become mobile due to the supporting structures of the teeth being destroyed. • Prosthetics: if a patient has a tooth which isn't stable that may hinder the wearing of a partial denture, the tooth may be extracted. • Cosmetic: if a tooth or teeth are not aesthetically pleasing then patients may choose to have them extracted so that they can be replaced with a bridge, denture or implant depending upon specific factors. • Patient choice: the patient may not be able to afford the cost of restorative treatment or may not be able, or want to, commit to the number of appointments that would be necessary for restorative work to be carried out. • Supernumerary teeth: where there is associated pathology present, a supernumerary tooth could delay tooth eruption or during orthodontic treatment it could increase the risk of caries occurring. • Deciduous teeth: these may be extracted to allow their permanent replacements to erupt. Verbal and written pre- and post-operative care instructions are provided to patients to avoid any unnecessary complications. Pre-operative instructions comprise the following: • Clean teeth prior to attending, as a clean mouth will heal more quickly. • Have a light snack a few hours before their appointment to avoid any complications such as a faint. • Take routine medications unless otherwise advised by the clinician to avoid their medical condition manifesting in the dental surgery. • Bring any reliever medications that they may require for their medical condition (e.g. an inhaler for asthma). • Bring someone with them for support. • Bring a portable music system if they wish to, such as an iPod. • Take the rest of the day off from school or work so that they can rest. • Have some pain relief at home that is normally taken for a headache, but not aspirin as this is an anti coagulant (blood thinning agent). Patients should also be advised that they will receive an appropriate amount of local anaesthetic to have the tooth removed, which will provide them with pain relief. Post-operative instructions include: • Avoid poking the socket with their tongue or fingers or bite their cheeks and lips, as this will result in trauma. • Avoid eating soft or spicy foods or those which could easily become trapped within the socket. • Avoid rinsing their mouths out for 24 hours to avoid clot disturbance. • Have hot salt mouth washes (HSMW) after every meal for at least a week to keep the socket clean and promote healing. To make a HSMW, the patient should add a teaspoon of salt to comfortably hot water. • Rest when at home, but to avoid taking a hot bath or sitting by a fire or in an over-heated room. • Refrain from exercise or drinking alcohol or hot drinks for at least 24 hours after the procedure, as this will raise the blood pressure resulting in clot disturbance and possible haemorrhage. • Refrain from smoking for as long as possible to prevent a dry socket occurring. • If bleeding occurs, to roll up the swab provided and bite down hard for 20 minutes. If the bleeding persists, contact the dental surgery. Coupled with the above instructions, patients should be advised that they will feel numb for a few hours after the procedure and may experience some pain, bruising and swelling following the extraction. Prior to a straightforward or simple extraction taking place, the maxillofacial surgeon must take the appropriate X-ray to aid diagnosis and treatment planning. They will then discuss the options with the patient in order for them to give consent. Once consent has been taken, the patient may or may not have the tooth extracted that day. If the patient is asked to attend another appointment for the extraction to be undertaken, they will be provided with pre-operative verbal and written instructions. If the patient has the tooth extracted during that appointment, they are provided with post-operative care instructions. On the day of the extraction consent will be checked, along with ensuring that the correct patient is present. The patient's medical history is re-checked and any changes noted. Personal protective equipment will be placed on the patient and a brief explanation of the procedure provided. For pain and anxiety control the clinician may apply a topical anaesthetic prior to administering the local anaesthetic. The patient is constantly monitored and reassured. The area surrounding the tooth to be extracted is checked to ensure that it is numb. Once the maxillofacial surgeon is happy that the local anaesthetic is active, they will use either a luxator (Figure 5.1) or Coupland's chisel (Figure 5.2) to break the periodontal ligaments to detach them from the alveolar bone. Once this is completed, the maxillofacial surgeon will use the appropriate dental extraction forceps to remove the tooth/teeth. The patient will be advised that there will be some pushing, wiggling and pulling taking place. Figure 5.1 A luxator. Figure 5.2 Set of Coupland's chisels. Once the tooth has been removed, it will be inspected to ensure all the roots are intact and a rolled-up sterile swab (Figure 5.3) placed in the socket area. The patient will be asked to bite down on the swab for 15-20 minutes to allow haemostasis to take place. During this time the verbal and written post-operative care instructions are provided. Once haemostasis has been achieved, the patient is discharged and provided with further appointments if necessary. Figure 5.3 Rolled-up sterile swab. The dental nurse will prepare the dental surgery prior to the patient's arrival. They will carry out comprehensive infection control by disinfecting the primary and secondary zones and ensure that all instruments required for the planned extraction(s) selected are sterile. They will collect the patient's notes or ensure they are ready on the computer and display the radiographs. They will note the patient's medical history to establish if there are any special requirements for the patient, checking that consent has been taken. The dental nurse will collect the patient from the waiting room, checking that they have the correct patient and introduce themselves. They will ask him/her if they have eaten and adhered to the pre-operative instructions provided at the last appointment and if they have any medication they would like placed on the work-surface. They will take the patient's coat and belongings and ask them to take a seat in the dental chair. Once the patient is settled they will apply the personal protective equipment in the form of a bib and glasses, explaining to the patient the rationale for each. During the placement of the local anaesthetic, which the dental nurse will hand to the maxillofacial surgeon, they will monitor and reassure the patient, looking for signs of distress. When the tooth is being removed the dental nurse may be requested to support the patient's head to keep it still. They may also need to provide some aspiration to remove the blood and saliva, providing a clear field of vision for the clinician as well as making it more comfortable for the patient. They will pass the elevators and extraction forceps as they are required and wipe them clean after each use to prevent the congealing of blood and debris. Finally, once the tooth has been removed they will provide a rolled-up sterile swab which will be placed in the socket to achieve haemostasis. Throughout the procedure they will constantly monitor and reassure the patient, praising them. They will also ensure excellent cross-infection control and the health and safety of all. If requested, the dental nurse may provide verbal and written post-operative care instructions. Once the patient has left they will dispose of the waste correctly and carry out infection control procedures in the form of disinfection and sterilisation, returning the patient's notes and radiographs to file. The maxillofacial surgeon will use forceps designed to extract specific teeth. Forceps used for the lower teeth are angulated at a right angle whereas forceps used for upper teeth are not, making them easily identifiable for the dental nurse. Upper straight permanent anterior extraction forceps (Figure 5.4) are designed to extract the upper right and upper left. • First and second pre-molar teeth. • Retained roots. • Third molar tooth. Figure 5.5 Upper permanent pre-molar/root extraction forceps. Upper permanent molar extraction forceps (Figure 5.6) are designed to extract the upper right and left: • First molar tooth. • Second molar tooth. • Third molar tooth. Figure 5.6 Upper permanent molar extraction forceps. Bayonet extraction forceps (Figure 5.7) are designed to extract the upper right and left: Figure 5.7 Bayonet extraction forceps. Upper permanent eagle beak extraction forceps (Figure 5.8) are designed to extract the upper and left: • First molar tooth. • Second molar tooth. • Third molar tooth. Figure 5.8 Upper permanent eagle beak extraction forceps. Upper permanent cowhorn extraction forceps (Figure 5.9) are designed to extract the upper right and upper left: • First molar tooth. • Second molar tooth. • Third molar tooth. Figure 5.9 Upper permanent cowhorn extraction forceps. Upper supernumery extraction forceps (Figure 5.10) are designed to extract extra teeth such as palatal canines. Figure 5.10 Upper supernumery extraction forceps. Upper permanent molar Only gdo members can continue reading. Log In or Register to continue Tooth extraction is a common dental procedure, but it can still be a source of anxiety for many patients. Proper preparation can help reduce some of this anxiety and ensure a smooth and successful procedure. Here are comprehensive instructions to follow before your tooth extraction. Before the extraction, your dentist or oral surgeon will conduct a thorough consultation. This includes reviewing your medical history and discussing any changes to your medication regimen. Do not stop taking any medication without consulting both your dentist and your primary care physician. Maintaining good oral hygiene leading up to your extraction is essential. Brush and floss your teeth thoroughly, but avoid the extraction site if it's already sensitive. This helps reduce the risk of infection and ensures that your mouth is as clean as possible before the procedure. Why It's Important: A clean mouth reduces the risk of bacteria entering the extraction site, which can lead to infection. Good oral hygiene also promotes faster healing and reduces the risk of complications. What to Do: Continue your regular brushing and flossing routine, but be gentle around the area of the extraction. Consider using an antibacterial mouthwash to further reduce the risk of infection. If you have any concerns about your oral hygiene routine, discuss them with your dentist. If you are receiving sedation or general anesthesia, arrange for someone to drive you home after the procedure. The effects of anesthesia can impair your ability to drive safely. You may feel groggy or disoriented for several hours after the extraction. Why It's Important: Safety is paramount, and driving under the influence of anesthesia can be dangerous. Having a trusted friend or family member drive you home ensures that you get there safely and can rest comfortably. What to Do: Plan ahead and arrange for transportation well in advance of your appointment. Ensure your designated driver knows the time and location of your appointment. They should be prepared to assist you afterward. Wear comfortable, loose-fitting clothing to your appointment. Avoid wearing jewelry or accessories that might interfere with the procedure. It's also a good idea to bring a jacket or blanket, as dental offices can sometimes be chilly. Why It's Important: Comfort is key to reducing anxiety and ensuring a smooth procedure. Loose clothing allows for easy access to your arms if you need an IV. Avoiding jewelry prevents any interference with dental equipment. What to Do: Choose clothing that is easy to move in and doesn't restrict your movement. Avoid wearing makeup, as it can interfere with the placement of anesthesia masks or other equipment. Bring a small bag with essentials like lip balm, as your lips may feel dry after the procedure. Your dentist will provide specific pre-operative instructions tailored to your situation. Follow these instructions carefully to ensure the best possible outcome. If you have any questions or concerns, don't hesitate to ask your dentist for clarification. Why It's Important: Pre-operative instructions are designed to prepare you for the procedure and minimize the risk of complications. Following these instructions ensures that you are in the best possible condition for the extraction. What to Do: Read through the instructions provided by your dentist. Make a checklist of any tasks you need to complete before the procedure. If you are unsure about any aspect of the instructions, contact your dentist for clarification. Mental preparation is just as important as physical preparation. Anxiety and stress can affect your body's response to the procedure. It's important to take steps to relax. Staying calm is essential. Why It's Important: Reducing anxiety can help lower your blood pressure. It can also lower your heart rate, making the procedure smoother and more comfortable. A calm mindset also promotes faster healing and reduces the risk of complications. What to Do: Practice relaxation techniques like deep breathing, meditation, or visualization. Consider listening to calming music or using aromatherapy to create a relaxing environment. If you are particularly anxious, talk to your dentist about your concerns. They may be able to provide additional support or offer sedation options. Discuss the post-extraction care plan with your dentist before the procedure. Understanding what to expect after the extraction can help you prepare and ensure a smooth recovery. Why It's Important: Knowing how to care for the extraction site is crucial. Proper care can prevent complications. It can also promote faster healing. A clear post-extraction care plan also helps you feel more in control and less anxious about the recovery process. What to Do: Ask your dentist for detailed instructions on post-extraction care, including how to manage pain, swelling, and bleeding. Make sure you have any necessary supplies, such as gauze, ice packs, and prescribed medications, ready at home. Plan to take it easy for a few days after the procedure to allow your body to heal. Ensure you have your dentist's contact information readily available in case of any complications or emergencies after the extraction. Knowing who to call if you experience severe pain, excessive bleeding, or signs of infection can provide peace of mind. Why It's Important: Prompt communication with your dentist can help address any issues quickly and prevent complications from worsening. Having emergency contact information on hand ensures that you can get the help you need without delay. What to Do: Save your dentist's phone number in your phone. Additionally, write it down in a place where you can easily find it. Make sure you know the office hours and any after-hours contact procedures. If you have any concerns after the extraction, don't hesitate to reach out to your dentist for guidance. By following these comprehensive instructions, you can help ensure a smooth and successful tooth extraction procedure. Remember, your dentist is there to guide you through the process and address any concerns you may have. Proper preparation and clear communication with your dental team are key to a positive experience and a speedy recovery. DO NOT take Aspirin or any product containing Aspirin for 7 days prior to procedure. If you have been prescribed Aspirin by your physician, do not stop taking Aspirin without discussing with your dentist first. DO NOT drink alcoholic beverages for 1 day prior to procedure. DO NOT drink caffeinated beverages on the day of the procedure. DO NOT Wear make-up (foundation or lipstick) if possible. DO NOT take Vitamin E 400 IU 5 days prior to procedure. DO NOT take the following supplements: Garlic, Magnesium, Selenium, CoQ10, Glucosamine, Lycopene, Omega-3 Fish Oil, Vitamin A Complex, Gingi Biloba, ginseng, Ginger. DO's DO take your regular medications at the usual times unless otherwise instructed. DO wear comfortable, loose-fitting clothing. DO eat a meal (not heavy and not too light) before arriving at the office, unless instructed otherwise by the anesthesiologist. DO tell your dentist if you are taking any herbal or nutritional supplements. Some supplements can make your blood thin and may cause bleeding following a surgical procedure. DO bring any medication that you would normally carry with you. Example: inhaler. Note for prescription antibiotics and ibuprofen If you have been prescribed antibiotic and ibuprofen prior to surgery please make sure that you take the prescribed dose 1 hour before your appointment (unless otherwise instructed). If any questions or problems arise prior to your next appointment, please call Dr. Jalbout at 646-825-1614. Common Dental Surgery FAQs 1. What are considered dental surgeries? In general, dental surgeries are any type of procedure that involves cutting the gums to achieve some sort of health benefit. This could for the removal/extraction of a tooth or root such as wisdom teeth extraction, a gum surgery to improve the health of the teeth, or to cover the exposed roots in case of recessions. The placement of dental implants or bone grafting are also considered dental surgeries. 2. What are the different types of tooth extraction? There are three types of tooth extractions: Extraction of an erupted tooth (exposed above the gum) which require minimal cutting of gums or bone. Extraction of tooth or root covered with gums which require some cutting of the gums to get access. Extraction of a tooth covered by bone and gums which require cutting of the gums and removal of the covering bone to access the tooth for extraction. 3. How many teeth can a dentist pull at once? In general 3-4 teeth can be pulled during a dental visit. However, if teeth are loose and the patient's health is good, it is possible to remove more teeth at one time. This would be something that you would have to speak with your local family dentist about to determine what is best for your individual oral health needs. If you have been scheduled to have general anesthesia, it will be imperative that you follow these instructions. Failure to do so could be life-threatening, and your appointment will be rescheduled if these instructions are not followed. If you have questions about these instructions, please call our office. • You may not have anything to eat or drink for at least 8 hours before surgery. The doctor may increase this time based on certain medications you are taking or your health history. • We will attempt to schedule anesthesia for children in the early morning so that enforcement of the fasting regimen is not burdensome for parents. • If you are taking prescription medications for other medical reasons, these may be taken at their normal times with small sips of water. • When you have general anesthesia, a responsible adult who is over the age of 13 must accompany you to the office, remain in the office during the procedure, and drive you home. This person should also be able to stay with you for several hours once you get home and are situated after surgery. We also require a driver to bring you to your surgery appointment if you have been given pre-operative medications to take at home. • Please do not wear lipstick, contact lenses, facial jewelry of any kind, pantyhose, or high-heeled shoes to your appointment. Please tie the hair back away from your face. Please wear a short-sleeved shirt or blouse. Please remove all dark fingernail polish for our monitoring equipment. • If you develop lung or nasal congestion, the flu, a cold, or a fever, please advise us a few days before your surgery. • The use of alcohol or recreational drugs can have an adverse effect on the anesthesia medications that we use. Please discontinue the use of such for at least 72 hours before your procedure. • Ideally, stop smoking 24 hours before surgery. Prescription Opioids for Surgical Pain Opioid medications can be addictive and anyone is at risk of developing an opioid use disorder. Keep yourself and others safe by limiting usage, disposing of all unused medications, and knowing how to recognize the signs of opioid use disorder. Common types of opioids are oxycodone, hydrocodone, codeine, tramadol, fentanyl, morphine, and methadone. Opioid medications may be prescribed by healthcare providers to treat moderate-to-severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. It is important to follow medication instructions when taking opioids and always be honest with your healthcare provider regarding other medications you may be taking. You should avoid consuming alcohol or operating heavy machinery when taking opioid medications. What to Know as a Patient Before prescribing opioids, your healthcare provider may ask you to complete a risk assessment Ask more questions for your patient record Check the Prescription Monitoring Program to identify other medications or drugs of concern individual healthcare providers, practices, systems, pharmacies, and insurance companies may have more strict policies regarding opioids. What Are the Risks? Opioid use disorder Physical dependence Falls and accidents Increased sensitivity to pain Overdose Risks May Be Greater With: Pregnancy History of substance use Over the age of 65 Mental health conditions Combining with other medications (example: sleep or anxiety) Possible Side Effects Nausea, vomiting, and dry mouth Constipation Sleepiness and dizziness Confusion Withdrawal Safe Storage Never share or sell your prescription opioids Keep opioid medications locked or in a safe location Keep out of reach of children and out of sight from others Leave in the original bottle with the label attached Proper Disposal You are not required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit: takebackyourmeds.org med-project.org Managing Your Pain After Oral Surgery Controlling pain after oral surgery is important for your recovery. Your doctor may use different medications to help reduce and control your pain. EXPAREL® (bupivacaine liposome injectable suspension) may be a great option. EXPAREL is indicated for administration into the surgical site to produce post-surgical anesthesia and is available for oral surgery when administered as local infiltration. How EXPAREL Works EXPAREL starts working before you feel the pain — your doctor injects it directly into the surgical site during your procedure. EXPAREL numbs the area around the surgical site. EXPAREL is not a narcotic medication. EXPAREL gives long-lasting pain control, meaning you may need fewer pain medications Your Recovery When your pain is under control, you can focus more on healing. Follow the postsurgical orders given to you at discharge. Be sure to communicate any discomfort you may be feeling to your doctor. Talk to your pharmacist about discarding unused medications responsibly. Important Safety Information Tell your doctor if you are pregnant, think you may be pregnant, or are considering breastfeeding; there are certain obstetrical and gynecological procedures where EXPAREL should not be used. EXPAREL has not been studied for use in patients younger than 18 years. Rarely, patients who receive bupivacaine (the active ingredient in EXPAREL) have experienced numbness and tingling in their mouth or lips, lightheadedness, anxiety, or abnormal heart rate. Speak with your doctor right away if you think you may be experiencing any of these sensations, or if you have other questions regarding possible side effects. Tell your doctor if you have severe liver or kidney disease. Products that contain bupivacaine, like EXPAREL, may cause temporary numbness in the area where bupivacaine was injected. Some patients who receive EXPAREL experience nausea, vomiting, and/or constipation. Talk to your doctor to see if EXPAREL is right for you. For more information about EXPAREL please visit www.exparel.com/patient or call 1-855-RX-EXPAREL (793-9727). Soft and Non-Chewed Food Options After your surgery, begin with a clear liquid diet and progress toward soft foods. Soft foods are generally considered foods that can be swallowed without being chewed. You must begin eating and drinking immediately following surgery. Strive for a minimum of 8-10 (8-ounce) glasses of water or non-caffeinated beverages per day. This will help regulate bowel patterns, which can change when going from a solid to liquid diet. We also recommend a multivitamin supplement to assure adequate intake of vitamins and minerals. A clear soft diet contains any items you can see through, but do not have to chew. • Water • Gelatin • Broths • Clear Juices These items are easily digested and passed, causing no unnecessary post-surgical discomfort. They are low in fat content, minimizing excess gas production that could otherwise trigger nausea. You may use a straw 3-4 days after surgery to achieve adequate fluid intake. Be careful with hot liquids. If your doctor allows, you may continue to a mechanical soft diet. Mechanical Soft Foods on this diet DO NOT require chewing. Foods need to be cooked long enough (such as vegetables, pastas, meats, fruits, etc.) so that they can be mashed against the roof of your mouth and swallowed without chewing. You should blend soups, stews, casseroles, and smoothies. It can be challenging to meet caloric and protein requirements on a long-term mechanical soft diet; therefore, it is suggested that you eat more frequently throughout the day (three meals with snacks in between). This will also ensure that you stay well hydrated. Protein requirements begin to increase after the age of 60, so obtaining protein in every meal and snack is important. As meals are limited (except for those that do not require chewing), you will need to add protein in other forms, such as Carnation® Instant Breakfast mix, powdered milk, yogurt, cottage cheese, soft tofu, pudding, eggs, peanut butter powder, protein powders, or even nutritional supplements such as Ensure® or Sustacal®. Multivitamin Taking a multivitamin can help add essential nutrients to your diet, but it's recommended to eat a variety of foods from each basic food group throughout the day. Not all vitamins are equal. Getting your vitamins from a reputable source is important. Two places to get good multivitamins are: • Cardiobats: www.cardiobats.com • Pure Products: www.pureencapsulations.com Dairy Aim for 4-6 servings from this group daily (depending on meat intake). Milk and milk products will be the primary protein foods as you follow this post-surgery diet. Low fat, 2%, or whole milk products will depend on your preference. Keep in mind, the higher the fat content, the higher the calories, which you may need at this time. • 1 cup milk (skim, 2%, whole, chocolate, buttermilk, eggnog) • 1 cup yogurt • 1 cup Instant Breakfast mix with milk • 1 cup custard or pudding • ½ cup cottage cheese • ½ cup ice cream • 1 cup milk-based soup • 1 cup milkshake or smoothie • 1 cup LACTAID®, soy, almond, or coconut milk • ½ cup Ensure®, Ensure Plus®, Sustacal®, or Sustacal HC® Carnation Instant Breakfast is tasty, convenient, and economical. To further increase protein and calorie intake, you can add powdered milk to milk and use it in all of your cooking and drinking. If you have a lactose intolerance, there are low lactose or no lactose milk products available, such as acidophilus milk, LACTAID®, soy milk, almond milk, or coconut milk. Ensure® and Sustacal® are also lactose-free. Meat and Protein Aim for at least one serving per meal. You may find it difficult to include foods from this group. If so, incorporate more servings from the milk group. Baby meats and home-cooked, puréed, strained meats may be blended with soups or broth to add protein to your diet. Cooking a casserole, soup, or stew to a very soft point or utilizing your crockpot all day and then blending it can be tasty and nutritious. • 1 scrambled egg or ½ cup egg substitute • 3 oz soft baked fish or canned fish • 3 oz ground beef, pork, chicken, or turkey (cooked soft, minced, or puréed and added to foods); canned meat is acceptable, but watch the amount of sodium. • 1 Tbsp peanut butter or powder (blended into smoothies or puddings) • ¼ cup soft tofu • ½ cup cooked soft beans or lentils (can also puree into soups and stews) • Hummus Fruits and Vegetables Aim for 3-4 servings of each per day. One serving is ½ cup cooked or canned. • 1 cup raw (must be soft, such as banana or avocado) or ½ cup juice Remember to add a variety. The more color, the more nutrients. • Avocado, banana, softly cooked or canned fruits, applesauce, apricots, peaches, pears, all juices, puréed melon, strawberries, and berries. Puréed fruits into smoothies to add nutrients. • All vegetable juices, V8® juice, all vegetables cooked tender, mashed, steamed, puréed, canned, or stewed, tomato paste, and sauce. Fruit and vegetable toddler pouches can be VERY nutritious and packed full of omega-3s, fiber, and vitamin C. Happy Tot™ and Gerber® sell fruit and vegetable pouches at stores and on Amazon. Look for pouches with the addition of chia, quinoa, and kale for higher protein. Grains Bread is not allowed on the diet, as it requires too much chewing. You will need to add 4 servings of grains per day through other foods. • ½ cup cooked cereal (oatmeal, grits, Cream of Rice™, Cream of Wheat®, Malt-O-Meal®) • ½ cup pasta (overcooked until very soft, beyond al dente) • 1 pancake • ½ cup soft bread stuffing • ½ cup rice (overcooked to a very soft point or into soups) Other Foods To add calories and variety, make use of foods such as butter, margarine, oils, salad dressings, gravies, sauces, melted cheeses, jellies, syrups, baby foods, and canned soups. Soft desserts, gelatins, puddings, ice cream, milkshakes, sherbet, and smoothies can also easily be incorporated. DO NOT EAT: breads, hard candies, apples or raw hard fruits and vegetables, ice, any foods with bones, or foods that require chewing and cannot be mashed against the roof of your mouth before swallowing. (Eaten as 3 Meals and 3 Snacks) • 3 Tbsp Cream of Wheat with 2% milk — 162 kcal • 1 Tbsp brown sugar — 52 kcal • 6 oz orange juice — 34 kcal • 1 cup Instant Breakfast in 2% milk — 250 kcal • Scrambled egg with 1 Tbsp margarine — 102 kcal • ½ cup macaroni and cheese (blenderized) — 200 kcal • ½ cup puréed broccoli and cheese — 45 kcal • 6 oz V8 juice — 162 kcal • 8 oz peanut butter, a responsible adult who is over the age of 13 must accompany you to the office, remain in the office during the procedure, and drive you home. This person should also be able to stay with you for several hours once you get home and are situated after surgery. We also require a driver to bring you to your surgery appointment if you have been given pre-operative medications to take at home. • Please do not wear lipstick, contact lenses, facial jewelry of any kind, pantyhose, or high-heeled shoes to your appointment. Please tie the hair back away from your face. Please wear a short-sleeved shirt or blouse. 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For more information about EXPAREL please visit www.exparel.com/patient or call 1-855-RX-EXPAREL (793-9727). Soft and Non-Chewed Food Options After your surgery, begin with a clear liquid diet and progress toward soft foods. Soft foods are generally considered foods that can be swallowed without being chewed. You must begin eating and drinking immediately following surgery. Strive for a minimum of 8-10 (8-ounce) glasses of water or non-caffeinated beverages per day. This will help regulate bowel patterns, which can change when going from a solid to liquid diet. We also recommend a multivitamin supplement to assure adequate intake of vitamins and minerals. A clear soft diet contains any items you can see through, but do not have to chew. • Water • Gelatin • Broths • Clear Juices These items are easily digested and passed, causing no unnecessary post-surgical discomfort. They are low in fat content, minimizing excess gas production that could otherwise trigger nausea. You may use a straw 3-4 days after surgery to achieve adequate fluid intake. Be careful with hot liquids. If your doctor allows, you may continue to a mechanical soft diet. Mechanical Soft Foods on this diet DO NOT require chewing. Foods need to be cooked long enough (such as vegetables, pastas, meats, fruits, etc.) so that they can be mashed against the roof of your mouth and swallowed without chewing. You should blend soups, stews, casseroles, and smoothies. It can be challenging to meet caloric and protein requirements on a long-term mechanical soft diet; therefore, it is suggested that you eat more frequently throughout the day (three meals with snacks in between). This will also ensure that you stay well hydrated. Protein requirements begin to increase after the age of 60, so obtaining protein in every meal and snack is important. As meals are limited (except for those that do not require chewing), you will need to add protein in other forms, such as Carnation® Instant Breakfast mix, powdered milk, yogurt, cottage cheese, soft tofu, pudding, eggs, peanut butter powder, protein powders, or even nutritional supplements such as Ensure® or Sustacal®. Multivitamin Taking a multivitamin can help add essential nutrients to your diet, but it's recommended to eat a variety of foods from each basic food group throughout the day. Not all vitamins are equal. Getting your vitamins from a reputable source is important. Two places to get good multivitamins are: • Cardiobats: www.cardiobats.com • Pure Products: www.pureencapsulations.com Dairy Aim for 4-6 servings from this group daily (depending on meat intake). Milk and milk products will be the primary protein foods as you follow this post-surgery diet. Low fat, 2%, or whole milk products will depend on your preference. Keep in mind, the higher the fat content, the higher the calories, which you may need at this time. • 1 cup milk (skim, 2%, whole, chocolate, buttermilk, eggnog) • 1 cup yogurt • 1 cup Instant Breakfast mix with milk • 1 cup custard or pudding • ½ cup cottage cheese • ½ cup ice cream • 1 cup milk-based soup • 1 cup milkshake or smoothie • 1 cup LACTAID®, soy, almond, or coconut milk • ½ cup Ensure®, Ensure Plus®, Sustacal®, or Sustacal HC® Carnation Instant Breakfast is tasty, convenient, and economical. To further increase protein and calorie intake, you can add powdered milk to milk and use it in all of your cooking and drinking. If you have a lactose intolerance, there are low lactose or no lactose milk products available, such as acidophilus milk, LACTAID®, soy milk, almond milk, or coconut milk. Ensure® and Sustacal® are also lactose-free. Meat and Protein Aim for at least one serving per meal. You may find it difficult to include foods from this group. If so, incorporate more servings from the milk group. Baby meats and home-cooked, puréed, strained meats may be blended with soups or broth to add protein to your diet. Cooking a casserole, soup, or stew to a very soft point or utilizing your crockpot all day and then blending it can be tasty and nutritious. • 1 scrambled egg or ½ cup egg substitute • 3 oz soft baked fish or canned fish • 3 oz ground beef, pork, chicken, or turkey (cooked soft, minced, or puréed and added to foods); canned meat is acceptable, but watch the amount of sodium. • 1 Tbsp peanut butter or powder (blended into smoothies or puddings) • ¼ cup soft tofu • ½ cup cooked soft beans or lentils (can also puree into soups and stews) • Hummus Fruits and Vegetables Aim for 3-4 servings of each per day. One serving is ½ cup cooked or canned. • 1 cup raw (must be soft, such as banana or avocado) or ½ cup juice Remember to add a variety. The more color, the more nutrients. • Avocado, banana, softly cooked or canned fruits, applesauce, apricots, peaches, pears, all juices, puréed melon, strawberries, and berries. Puréed fruits into smoothies to add nutrients. • All vegetable juices, V8® juice, all vegetables cooked tender, mashed, steamed, puréed, canned, or stewed, tomato paste, and sauce. Fruit and vegetable toddler pouches can be VERY nutritious and packed full of omega-3s, fiber, and vitamin C. Happy Tot™ and Gerber® sell fruit and vegetable pouches at stores and on Amazon. Look for pouches with the addition of chia, quinoa, and kale for higher protein. Grains Bread is not allowed on the diet, as it requires too much chewing. You will need to add 4 servings of grains per day through other foods. • ½ cup cooked cereal (oatmeal, grits, Cream of Rice™, Cream of Wheat®, Malt-O-Meal®) • ½ cup pasta (overcooked until very soft, beyond al dente) • 1 pancake • ½ cup soft bread stuffing • ½ cup rice (overcooked to a very soft point or into soups) Other Foods To add calories and variety, make use of foods such as butter, margarine, oils, salad dressings, gravies, sauces, melted cheeses, jellies, syrups, baby foods, and canned soups. Soft desserts, gelatins, puddings, ice cream, milkshakes, sherbet, and smoothies can also easily be incorporated. DO NOT EAT: breads, hard candies, apples or raw hard fruits and vegetables, ice, any foods with bones, or foods that require chewing and cannot be mashed against the roof of your mouth before swallowing. (Eaten as 3 Meals and 3 Snacks) • 3 Tbsp Cream of Wheat with 2% milk — 162 kcal • 1 Tbsp brown sugar — 52 kcal • 6 oz orange juice — 34 kcal • 1 cup Instant Breakfast in 2% milk — 250 kcal • Scrambled egg with 1 Tbsp margarine — 102 kcal • ½ cup macaroni and cheese (blenderized) — 200 kcal • ½ cup puréed broccoli and cheese — 45 kcal • 6 oz V8 juice — 162 kcal • 8 oz peanut butter, a responsible adult who is over the age of 13 must accompany you to the office, remain in the office during the procedure, and drive you home. This person should also be able to stay with you for several hours once you get home and are situated after surgery. We also require a driver to bring you to your surgery appointment if you have been given pre-operative medications to take at home. • Please do not wear lipstick, contact lenses, facial jewelry of any kind, pantyhose, or high-heeled shoes to your appointment. Please tie the hair back away from your face. Please wear a short-sleeved shirt or blouse. Please remove all dark fingernail polish for our monitoring equipment. • If you develop lung or nasal congestion, the flu, a cold, or a fever, please advise us a few days before your surgery. • The use of alcohol or recreational drugs can have an adverse effect on the anesthesia medications that we use. Please discontinue the use of such for at least 72 hours before your procedure. • Ideally, stop smoking 24 hours before surgery. Prescription Opioids for Surgical Pain Opioid medications can be addictive and anyone is at risk of developing an opioid use disorder. Keep yourself and others safe by limiting usage, disposing of all unused medications, and knowing how to recognize the signs of opioid use disorder. Common types of opioids are oxycodone, hydrocodone, codeine, tramadol, fentanyl, morphine, and methadone. Opioid medications may be prescribed by healthcare providers to treat moderate-to-severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. It is important to follow medication instructions when taking opioids and always be honest with your healthcare provider regarding other medications you may be taking. You should avoid consuming alcohol or operating heavy machinery when taking opioid medications. What to Know as a Patient Before prescribing opioids, your healthcare provider may ask you to complete a risk assessment Ask more questions for your patient record Check the Prescription Monitoring Program to identify other medications or drugs of concern individual healthcare providers, practices, systems, pharmacies, and insurance companies may have more strict policies regarding opioids. What Are the Risks? Opioid use disorder Physical dependence Falls and accidents Increased sensitivity to pain Overdose Risks May Be Greater With: Pregnancy History of substance use Over the age of 65 Mental health conditions Combining with other medications (example: sleep or anxiety) Possible Side Effects Nausea, vomiting, and dry mouth Constipation Sleepiness and dizziness Confusion Withdrawal Safe Storage Never share or sell your prescription opioids Keep opioid medications locked or in a safe location Keep out of reach of children and out of sight from others Leave in the original bottle with the label attached Proper Disposal You are not required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit: takebackyourmeds.org med-project.org Managing Your Pain After Oral Surgery Controlling pain after oral surgery is important for your recovery. Your doctor may use different medications to help reduce and control your pain. 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